



June 22, 2018

Web Announcement 1624

Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):

Additional HCPCS Codes that Require Prior Authorization

Effective on claims with dates of service on or after April 1, 2018, the Healthcare Common Procedure Coding System (HCPCS) codes listed below and billed by provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) require prior authorization (PA). An invoice needs to be submitted with the PA request. Claims for these codes billed by PT 33 will deny if no PA is on file.

HCPCS Code	Description
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4601	Lithium ion battery, rechargeable, for nonprosthetic use, replacement
A4638	Replacement battery for patient-owned ear pulse generator, each
B9998	Not otherwise classified (NOC) for enteral supplies
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each

Reimbursement will be the lowest of: a) manufacturer's suggested retail price (MSRP) less 25%, verifiable with quote or manufacturer's invoice that clearly identifies MSRP; b) if there is no MSRP, reimbursement will be acquisition cost plus 20%, verifiable with manufacturer's invoice; or c) the actual charge submitted by the provider.